



RCE/2871

PTO/SB/30 (10-01)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| <b>REQUEST<br/>FOR<br/>CONTINUED EXAMINATION (RCE)<br/>TRANSMITTAL</b><br><br>Address to:<br>Commissioner for Patents<br>Box RCE<br>Washington, DC 20231 | Application Number   | 08/936,510-Conf. #9825 |
|  | Filing Date          | September 24, 1997     |
|  | First Named Inventor | Yong-Beom Kim          |
|  | Group Art Unit       | 2871                   |
|  | Examiner Name        | T. Chowdhury           |
|  | Attorney Docket No.  | 8733.004.01            |

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J. McMillan  
6/14/02

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 CFR 1.114**

a. ☒ Previously submitted

i. ☒ Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on April 17, 2002  
(Any unentered amendment(s) referred to above will be entered).

ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_

iii. ☐ Other \_\_\_\_\_

b. ☐ Enclosed

i. ☐ Amendment/Reply

ii. ☐ Affidavit(s)/Declaration(s)

iii. ☐ Information Disclosure Statement (IDS)

iv. ☐ Other \_\_\_\_\_

2. **Miscellaneous**

a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.105(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(b) required)

b. ☐ Other \_\_\_\_\_

3. **Fees** The RCE fee under 37 CFR 1.17 (e) is required by 37 CFR 1.114 when the RCE is filed.

a. ☐ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 50-0911

i. ☒ RCE fee required under 37 CFR 1.17(e)

ii. ☒ Extension of time fee (37 CFR 1.136 and 1.17)

iii. ☐ Other \_\_\_\_\_

b. ☒ Check in the amount of \$ 1,140.00 enclosed

c. ☐ Payment by credit card (Form PTO-2038 enclosed)

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| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED |              |                                   |              |
|---|--------------|-----------------------------------|--------------|
| Name (Print/Type)                                   | Song K. Jung | Registration No. (Attorney/Agent) | 35,210       |
| Signature   |              | Date                              | June 7, 2002 |

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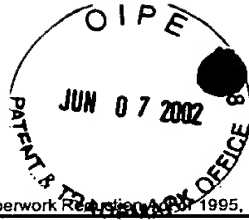
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| <b>FEE TRANSMITTAL</b>  |          |  |                     | <b>Complete if Known</b>   |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
|---|----------|--|---------------------|--|------------------------|--------------|----------------|-----------------|--------------|----------|----------|----------|----------|--------------------|--------|-----|-----|-------------------------------------|--------------------|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---------------------------------------|--|-----|-------|-----|-------|--|--|-----|------|-----|------|--|--|---------------------|--------|-----|--------|---|------|-----|-----|-----|----|--|--|-----|-----|-----|-----|---|--------|-----|-----|-----|-----|--|--|-----|-------|-----|-----|---|--|-----|-------|-----|-----|--|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|-------------------------------------|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--------|-----|-----|-----|-----|---|--|---------------------|--|--|--|--|--|---------------------|--|--|--|-------------|----------|--|--|
| <b>for FY 2002</b>  |          |  |                     | Application Number   | 08/936,510-Conf. #9825 |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| <small>Patent fees are subject to annual revision.</small>  |          |  |                     | Filing Date  | September 24, 1997     |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |          |  |                     | First Named Inventor   | Yong-Beom Kim          |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
|   |          |  |                     | Examiner Name  | T. Chowdhury           |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
|   |          |  |                     | Group Art Unit   | 2871                   |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| <b>TOTAL AMOUNT OF PAYMENT</b>  |          | <b>(\$)</b> 1,140.00                     | Attorney Docket No. | 8733.004.01  |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| <b>METHOD OF PAYMENT</b> (check all that apply)   |          |  |                     | <b>FEE CALCULATION</b> (continued)   |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None  |          |  |                     | <b>3. ADDITIONAL FEES</b>  |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| <input type="checkbox"/> Deposit Account  |          |  |                     |  |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| Deposit Account Number: 50-0911   |          |  |                     |  |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| Deposit Account Name: McKenna Long & Aldridge LLP   |          |  |                     |  |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| The Commissioner is hereby authorized to: (check all that apply)  |          |  |                     |  |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments  |          |  |                     |  |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application   |          |  |                     |  |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.  |          |  |                     |  |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| <b>FEE CALCULATION</b>  |          |  |                     |  |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| <b>1. BASIC FILING FEE</b>  |          |  |                     |  |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td></td></tr><tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr><tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr><tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr><tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="4" style="text-align: right;"><b>SUBTOTAL (1)</b></td><td><b>(\$)</b></td><td>0.00</td></tr></tbody></table>   |          |  |                     | Large Entity   |                        | Small Entity |                | Fee Description | Fee Paid     | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 101                | 740    | 201 | 370 | Utility filing fee                  |                    | 106 | 330 | 206 | 165 | Design filing fee                                      |  | 107 | 510 | 207 | 255 | Plant filing fee                      |  | 108 | 740   | 208 | 370   | Reissue filing fee                                     |  | 114 | 160  | 214 | 80   | Provisional filing fee                                     |  | <b>SUBTOTAL (1)</b> |        |     |        | <b>(\$)</b>   | 0.00 |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| Large Entity  |          | Small Entity                             |                     | Fee Description  | Fee Paid               |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| Fee Code  | Fee (\$) | Fee Code                                 | Fee (\$)            |  |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| 101   | 740      | 201                                      | 370                 | Utility filing fee   |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| 106   | 330      | 206                                      | 165                 | Design filing fee  |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| 107   | 510      | 207                                      | 255                 | Plant filing fee   |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| 108   | 740      | 208                                      | 370                 | Reissue filing fee   |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| 114   | 160      | 214                                      | 80                  | Provisional filing fee   |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| <b>SUBTOTAL (1)</b>   |          |  |                     | <b>(\$)</b>  | 0.00                   |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>  |          |  |                     |  |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th colspan="2"></th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>Total Claims</td><td>-20** =</td><td></td><td>x</td><td></td></tr><tr><td>Independent Claims</td><td>-3** =</td><td></td><td>x</td><td></td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td></td><td></td></tr></tbody></table>  |          |  |                     |  |                        | Extra Claims | Fee from below | Fee Paid        | Total Claims | -20** =  |          | x        |          | Independent Claims | -3** = |     | x   |                                     | Multiple Dependent |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
|   |          | Extra Claims                             | Fee from below      | Fee Paid   |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| Total Claims  | -20** =  |  | x                   |  |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| Independent Claims  | -3** =   |  | x                   |  |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| Multiple Dependent  |          |  |                     |  |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="4" style="text-align: right;"><b>SUBTOTAL (2)</b></td><td><b>(\$)</b></td><td>0.00</td></tr></tbody></table>   |          |  |                     | Large Entity   |                        | Small Entity |                | Fee Description | Fee Paid     | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 103                | 18     | 203 | 9   | Claims in excess of 20              |                    | 102 | 84  | 202 | 42  | Independent claims in excess of 3                      |  | 104 | 280 | 204 | 140 | Multiple dependent claim, if not paid |  | 109 | 84    | 209 | 42    | ** Reissue independent claims over original patent     |  | 110 | 18   | 210 | 9    | ** Reissue claims in excess of 20 and over original patent |  | <b>SUBTOTAL (2)</b> |        |     |        | <b>(\$)</b>   | 0.00 |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| Large Entity  |          | Small Entity                             |                     | Fee Description  | Fee Paid               |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| Fee Code  | Fee (\$) | Fee Code                                 | Fee (\$)            |  |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| 103   | 18       | 203                                      | 9                   | Claims in excess of 20   |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| 102   | 84       | 202                                      | 42                  | Independent claims in excess of 3  |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| 104   | 280      | 204                                      | 140                 | Multiple dependent claim, if not paid                                      |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| 109   | 84       | 209                                      | 42                  | ** Reissue independent claims over original patent                         |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| 110   | 18       | 210                                      | 9                   | ** Reissue claims in excess of 20 and over original patent                 |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| <b>SUBTOTAL (2)</b>   |          |  |                     | <b>(\$)</b>  | 0.00                   |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| <b>3. ADDITIONAL FEES</b>   |          |  |                     |  |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr><tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr><tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr><tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr><tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr><tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr><tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr><tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td><td>400.00</td></tr><tr><td>117</td><td>920</td><td>217</td><td>460</td><td>Extension for reply within third month</td><td></td></tr><tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>119</td><td>320</td><td>219</td><td>160</td><td>Notice of Appeal</td><td></td></tr><tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td><td></td></tr><tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr><tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr><tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td>Petition to revive - unintentional</td><td></td></tr><tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td>Utility issue fee (or reissue)</td><td></td></tr><tr><td>143</td><td>460</td><td>243</td><td>230</td><td>Design issue fee</td><td></td></tr><tr><td>144</td><td>620</td><td>244</td><td>310</td><td>Plant issue fee</td><td></td></tr><tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr><tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr><tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr><tr><td>146</td><td>740</td><td>246</td><td>370</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr><tr><td>149</td><td>740</td><td>249</td><td>370</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr><tr><td>179</td><td>740</td><td>279</td><td>370</td><td>Request for Continued Examination (RCE)</td><td>740.00</td></tr><tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr><tr><td colspan="4">Other fee (specify)</td><td></td><td></td></tr><tr><td colspan="4" style="text-align: right;"><b>SUBTOTAL (3)</b></td><td><b>(\$)</b></td><td>1,140.00</td></tr></tbody></table> |          |  |                     | Large Entity   |                        | Small Entity |                | Fee Description | Fee Paid     | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 105                | 130    | 205 | 65  | Surcharge - late filing fee or oath |                    | 127 | 50  | 227 | 25  | Surcharge - late provisional filing fee or cover sheet |  | 139 | 130 | 139 | 130 | Non-English specification             |  | 147 | 2,520 | 147 | 2,520 | For filing a request for <i>ex parte</i> reexamination |  | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action     |  | 113                 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action |      | 115 | 110 | 215 | 55 | Extension for reply within first month |  | 116 | 400 | 216 | 200 | Extension for reply within second month | 400.00 | 117 | 920 | 217 | 460 | Extension for reply within third month |  | 118 | 1,440 | 218 | 720 | Extension for reply within fourth month |  | 128 | 1,960 | 228 | 980 | Extension for reply within fifth month |  | 119 | 320 | 219 | 160 | Notice of Appeal |  | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal |  | 121 | 280 | 221 | 140 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,280 | 241 | 640 | Petition to revive - unintentional |  | 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) |  | 143 | 460 | 243 | 230 | Design issue fee |  | 144 | 620 | 244 | 310 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17(q) |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR 1.129(b)) |  | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) | 740.00 | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) |  |  |  |  |  | <b>SUBTOTAL (3)</b> |  |  |  | <b>(\$)</b> | 1,140.00 |  |  |
| Large Entity  |          | Small Entity                             |                     | Fee Description  | Fee Paid               |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| Fee Code  | Fee (\$) | Fee Code                                 | Fee (\$)            |  |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| 105   | 130      | 205                                      | 65                  | Surcharge - late filing fee or oath  |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| 127   | 50       | 227                                      | 25                  | Surcharge - late provisional filing fee or cover sheet                     |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| 139   | 130      | 139                                      | 130                 | Non-English specification  |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| 147   | 2,520    | 147                                      | 2,520               | For filing a request for <i>ex parte</i> reexamination                     |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| 112   | 920*     | 112                                      | 920*                | Requesting publication of SIR prior to Examiner action                     |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| 113   | 1,840*   | 113                                      | 1,840*              | Requesting publication of SIR after Examiner action                        |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| 115   | 110      | 215                                      | 55                  | Extension for reply within first month                                     |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| 116   | 400      | 216                                      | 200                 | Extension for reply within second month                                    | 400.00                 |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| 117   | 920      | 217                                      | 460                 | Extension for reply within third month                                     |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| 118   | 1,440    | 218                                      | 720                 | Extension for reply within fourth month                                    |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| 128   | 1,960    | 228                                      | 980                 | Extension for reply within fifth month                                     |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| 119   | 320      | 219                                      | 160                 | Notice of Appeal   |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| 120   | 320      | 220                                      | 160                 | Filing a brief in support of an appeal                                     |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| 121   | 280      | 221                                      | 140                 | Request for oral hearing   |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| 138   | 1,510    | 138                                      | 1,510               | Petition to institute a public use proceeding                              |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| 140   | 110      | 240                                      | 55                  | Petition to revive - unavoidable   |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| 141   | 1,280    | 241                                      | 640                 | Petition to revive - unintentional   |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| 142   | 1,280    | 242                                      | 640                 | Utility issue fee (or reissue)   |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| 143   | 460      | 243                                      | 230                 | Design issue fee   |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| 144   | 620      | 244                                      | 310                 | Plant issue fee  |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| 122   | 130      | 122                                      | 130                 | Petitions to the Commissioner  |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| 123   | 50       | 123                                      | 50                  | Processing fee under 37 CFR 1.17(q)  |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| 126   | 180      | 126                                      | 180                 | Submission of Information Disclosure Stmt                                  |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| 581   | 40       | 581                                      | 40                  | Recording each patent assignment per property (times number of properties) |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| 146   | 740      | 246                                      | 370                 | Filing a submission after final rejection (37 CFR 1.129(a))                |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| 149   | 740      | 249                                      | 370                 | For each additional invention to be examined (37 CFR 1.129(b))             |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| 179   | 740      | 279                                      | 370                 | Request for Continued Examination (RCE)                                    | 740.00                 |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| 169   | 900      | 169                                      | 900                 | Request for expedited examination of a design application                  |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| Other fee (specify)   |          |  |                     |  |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| <b>SUBTOTAL (3)</b>   |          |  |                     | <b>(\$)</b>  | 1,140.00               |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| <b>SUBMITTED BY</b>   |          |  |                     | <b>Complete (if applicable)</b>  |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| Name (Print/Type) Song K. Jung  |          | Registration No. (Attorney/Agent) 35,210 |                     | Telephone (202) 624-1250   |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |
| Signature    |          | Date June 7, 2002                        |                     |  |                        |              |                |                 |              |          |          |          |          |                    |        |     |     |                                     |                    |     |     |     |     |  |  |     |     |     |     |                                       |  |     |       |     |       |  |  |     |      |     |      |  |  |                     |        |     |        |   |      |     |     |     |    |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |        |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |             |          |  |  |